



“Couch Talk” on Women’s Health

Guest: Anna Cabeca, DO

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Dr. Mark Menolascino: Welcome back to the Women’s Heart Health Solution. I’m your host Dr. Mark Menolascino, Medical Director of the Meno Clinic Center for Functional Medicine in Jackson Hole, Wyoming.

This is your chance to listen to the world’s experts talk about how to achieve optimal health, optimal vitality, and prevent heart disease for all women. We’re very fortunate today to be joined by one of the world’s experts, Dr. Anna Cabeca. Thank you for joining us, Anna.

Dr. Anna Cabeca: Thank you for having me, Mark. It’s great to be here. What an important topic to be discussing.

Dr. Mark Menolascino: Well thank you again. And you’re one of the people I look up to; that I always turn to for the tough questions on women’s health. And it’s always nice to have a triple-board certified physician, not just a physician but a triple-board certified on our team.

Let me brag about you a little bit to our viewers. Dr. Anna Cabeca is an internationally acclaimed menopause and sexual health expert, a global speaker, and pioneering promoter of women’s health. She is Emory University trained and is triple-board certified in Obstetrics and Gynecology, Integrative Medicine, and Anti-Aging and Regenerative Medicine.

She's also the author of *The Hormone Fix: A Diet and Holistic Lifestyle Program for Menopausal Women*. Her areas of specialty include bioidentical hormone treatments, natural hormones balancing strategies, and she's received extensive notoriety for her virtual transformation program.

Dr. Cabeca hosts the highly regarded series *CouchTalk* featuring compelling podcasts, focused on a broad variety of important health and wellness topics. She was named 2018 Innovator of the Year by Mindshare, the Number 1 Health Conference for Wellness Influencers. She was also honored with the prestigious 2017 Alan P. Mintz Award by the Age Management Medicine Group as the most outstanding physician who displays clinical experience and entrepreneurship in excellence.

She's reached hundreds of thousands of women around the globe inspiring them to reclaim their optimal health. And realize they can journey through menopause and find more purpose and pleasure than they ever dreamed before. She balances her passion for women's health with faith, grace and skill. And is a super mom raising her four daughters and leading a non-profit foundation she created in honor of her son The Garrett B. Bivens Foundation. And he tragically died as a toddler.

Dr. Cabeca really influences her presentations with humor, raw connection of passion, and tries to impact all of her clients lives every single day. Again, Anna, you're one of the people I turn to when I have questions. I've listened to you lecture. We've talked heart to heart. And I just very much appreciate you being here to join us today.

Dr. Anna Cabeca: Again, it's an honor. Thank you for having me, Mark.

Dr. Mark Menolascino: We've talked in the past about really how we miss heart disease in women and how we miss the symptoms. And how in menopause and perimenopause there's a lot of symptoms women have that you've either written off as menopause symptoms when they're actually heart disease, or they're given medication for heart issues when they're actually menopausal symptoms.

Can you share with us some of the things that you've seen and how one's been talked about the other; and we might have missed one versus the other?

Dr. Anna Cabeca: Yes. Absolutely. It's really interesting and I think it's so key. Women initially their heart disease gets undiagnosed and treated for other things. So it's really critically important. Not only that once they're diagnosed

their hormones and sexual health gets put way off the table. It's not even within reach anymore. And so women get neglected from that aspect after a heart disease is diagnosed.

But a couple of the key symptoms I see that can be disguised as heart symptoms but can also be hormone imbalance symptoms, includes the palpitation, the heart flutter, the heart pounding in your chest. And that symptom and also discomfort we can have in our chest just because as our fascia ages too we have those constrictions as well.

So the heart palpitations is a big one that women end up in the emergency room. They're put on a beta blocker which is going to drive up their glucose and insulin and become more insulin resistance. And increase their risk of metabolic syndrome based on the risk of heart disease when sometimes its when you look at the functional medicine approach. Maybe it's magnesium deficiency, maybe it's progesterone insufficiency, and let's go on from there and look for the underlying reasons.

Dr. Mark Menolascino: Are you telling me that you can help women with palpitations by giving them magnesium and progesterone?

Dr. Anna Cabeca: Absolutely. One thing that I check always is red blood cell magnesium. And we want to check the red blood cell magnesium, not the serum magnesium, which you know and optimize that level. And the same issue with restless legs.

There's other things that we're going to do as well but that is one very easy and expensive intervention. And the other thing is progesterone because with progesterone, progesterone is a neuroendocrine hormone. It affects our nervous system as well as our muscles. It's a precursor hormone for so much: healthy brain, breasts, and bones. So those big things. But often when we're in that estrogen dominate phase and with low progesterone the heart palpitations can be a symptom of that.

Dr. Mark Menolascino: There was a government study published about eight years now ago that showed up to 60% of Americans are deficient in magnesium. And a lot of them try to do it on their own will end up with that magnesium oxide that can cause diarrhea. So they'll try to treat their palpitations and they have to treat it for diarrhea. There's different flavors of magnesium. And which ones do you like for restless legs, or palpitations, and for your women patients?

Dr. Anna Cabeca: Yes. I'm really big on magnesium because we know that it is involved in over 300 processes in our body. But also for brain health as well as a cofactor in so many of our metabolism and our metabolic reactions. So I use magnesium al-3 innate because it does cross the blood brain barrier. And that's really important for decreasing anxiety, agitation, irritation which is also part of this perimenopausal and menopausal hormone flax. And also for restless legs. So magnesium al-3 innate and isolate chelated magnesiums.

Dr. Mark Menolascino: Well you know that's where this expertise is so powerful, Anna, that you've learned and that you share is that magnesium is not magnesium. You mentioned the 3 innate with a TH for the brain and the glycinate for the heart it makes a crucial difference versus the magnesium oxide. And then doesn't the quality of the supplement make a difference too?

Dr. Anna Cabeca: Absolutely, yes. And what's it wrapped in? What's it being served with? What are the other ingredients that's in this capsule that we call magnesium? 100%.

Dr. Mark Menolascino: Well, you talked about beta blockers. We had a woman last week that was put on a beta blocker for palpitations in her age 20s. Now 30 years later hitting menopause she was having blood sugar problems, energy problems, mood problems. And you have to slowly taper those medicines off; you can't just stop them. But she's been off of using the magnesium glycinate, no palpitations. And her energy's coming back. And her blood sugar's lowering.

We were talking the other day with another guest about how the cholesterol drugs can cause diabetes in women based on data from the new Women's Heart Initiative reformatting. Can you share with us the whole Women's Health Initiative Study what it told us, what it didn't tell us? I know it's a huge question, but what are your takeaways that you share with your clients?

Dr. Anna Cabeca: Oh, my gosh. Well I can tell you, Mark I did research before I went to medical school, so I've always had this research brain. So at Emory University when I was an OB/GYN resident I participated actually in the Hurst Trial, which was the initial trial looking at estrogen replacement hormone replacement in women with heart disease.

And so there was that whole big initiative. But unfortunately, we're using Premarin, pregnant Mercilon derived hormones, conjugated estrogens, and Provera. So there was that issue there. The Women's Health Initiative was such a great initiative. It would have been great if we used at least an arm of

bioidentical progesterone. The Premarin arm showed no increase risk of breast cancer. That's what we're looking at. But the synthetic progesterone not bioidentical the synthetic progesterone Provera showed increasing in breast cancer

So hence the study will stop I think two years in. And that was early, what 2002 when all of this information came out. Well what we did see with hormone replacement we saw other benefits but those were the main risk factors that drew up all the red flags. And it really does stem from using non-bioidentical sources corner. They are not equal.

Dr. Mark Menolascino: Well I think there's a lot of confusion out there about what is a bioidentical hormone versus the hormones that you're getting from most of your physicians. And they're really quite different. You mentioned the horse estrogen, the Primperan, you mentioned the Provera. So how do you explain the difference to your clients between the two types of hormone.

Dr. Anna Cabeca: Good question. So really I just say if we can isolate it from your blood that's bioidentical to you and use the same structure compound back to you that's a bioidentical. When its not native to you it's not bioidentical. And so again I think mother nature always win. Look at the beautiful scenery behind you cannot conquer that. It's a challenge. So can't recreate that. So just look at how our dishonoring our own nature and that just make sense. Let's do that first.

Dr. Mark Menolascino: And what about taking the medication orally versus putting a topical cream on the skin?

Dr. Anna Cabeca: So there's several different ways to use bioidentical hormones. I try to not use oral hormones with the exception of [inaudible] that are dissolved between the cheek and gum like lozenges. And so much will get absorbed through the mucus membranes. A little get swallowed but we know there's that estrogen window for heart health.

And I always have the rule of thumb in practice smokers didn't get oral estrogen, nonsmokers over 50 with any single cardiac risk factor doesn't get oral estrogen. And definitely moved everyone off of oral estrogens by age 56.

Dr. Mark Menolascino: That's a great rule, Anna. That's really a great personal guideline that I'm going to adopt. Thank you.

Dr. Anna Cabeca: You are very welcome. You are very welcome. Good rule of thumb. And that helps. And so kind of moving people. There's benefits and risks associated with oral estrogen and they increase inflammatory markers. And so we know that world versus transdermal, transdermal is safer. So if we can do transdermal, vaginal, or even [inaudible], those are optimal choices.

Dr. Mark Menolascino: So there's so much in the media. So there's so much on the internet of these sound bites of hormones. And I'm sure like I do you have clients come to you with the latest and greatest media sound bite. How do you help your clients wade through that information avalanche that comes about women's health, about hormones, what's good, what's bad? Do you have any guidelines that our viewers can use to try to sift through that? Because if you do I'll-

Dr. Anna Cabeca: Sift through the bull. I mean what are we doing?

Dr. Mark Menolascino: Cut through the bull, yeah.

Dr. Anna Cabeca: Exactly. Again as a researcher go to reliable sources that you trust.

Dr. Mark Menolascino: Okay.

Dr. Anna Cabeca: Because we have the blessing of balancing the art and the science of medicine. That is a gifting and you have that gifting. And so you balance the art and the science of medicine. So being able to discern truth from hype or myth is really critical. And everyone listening to this is smart enough, able enough to be able to cut through that. Don't get caught up in the hype.

I remember when in 2002 I'm newly in practice, my third year as a solo practitioner in southeast Georgia. And I did the Hurst Trials. I was part of that research. I've been a big advocate for hormones and hormones in sexual health.

And so that study just hit. I was like well look at what the research said. The headlines weren't consistent with the research findings. And I would say if there is some big wave wait until that settles and listen to someone you trust. Ask the questions of someone you trust. And hopefully it's someone you have a relationship with, a provider relationship with.

Dr. Mark Menolascino: Well that's why I so appreciate you joining us because

you're not just an OB/GYN, you're triple-board certified. You went to Emory, you did research, you're a scientist and a clinician, and a mom, and a woman's health advocate.

Dr. Anna Cabeca: And hormonal.

Dr. Mark Menolascino: And hormonal. You have this package that you relate. But you've done the homework. You've done the work to bring that to your clients. And I encourage all of our listeners really watch under who's talking about hormones. If it's someone who is an ER doctor last week and now they went to a one weekend conference and they're anti-aging expert, don't look for them look for someone like Anna who's got a lifetime of experience with this. Because hormones are tricky and you have to make really good decisions based on kind of what she says.

Aspirins in the news right now about whether women should take Aspirin, not take Aspirin. I kind of go back and forth on that. There's a test now that Aspirin actually works for women. But I think that's where those recommendations at, there's just been a blanket recommendation. And we're not really sure who needs what. It's not personalized. Do you have a comment on that?

Dr. Anna Cabeca: Yes. It's a tough situation. You think a baby chewable aspirin should be harmless. It should be harmless but we know that even one baby chewable aspirin eats away at the mucosa of our digestive system. So it's not really harmless then is it? And then what does that expose us to over time? So then I ask myself what can we can use in place of a baby aspirin that might be beneficial?

So have I improved nutrition wise or are we keto brain? And that's my big platform getting alkaline whole foods. Let's work in this. And I always talk about urine PH and not blood PH, of course. And then keto let's make sure that we as women have enough healthy fats, with the intermittent fasting to extend us into a state of ketosis so that we're using ketones for fuel. So that combination's key. So are we incorporating that for optimizing our health number one, getting enough good nutrition and we're able to absorb it?

And secondly, are we optimized on the essential fatty acids? So what's our EPA, DHA ratio? What's our omega 3 fatty acid ratio? If I'm going to give someone something as caustic as an aspirin a day, I should at least know their omega 3 fatty acid ratio, right? I should at least know that.

And then thirdly, I would add, well, what is the other thing that I could do? What about nattokinase? If I know that they have markers of hypercoagulability of increased risks of clodding then I want to let that bear. Their markers the HSCRP is elevated. Maybe their Sed Rates elevated or they are genetically at risk for a coagulopathy. Maybe I want to use something like nattokinase. So safer.

Dr. Mark Menolascino: There are options.

Dr. Anna Cabeca: There are other options.

Dr. Mark Menolascino: And what I'm hearing you also say, Anna, is that there's time where you really need the test to guide these personalized decisions. And that's where it really comes in. And I think it sounds like you're using them very efficiently and very personalized versus shock in testing; we see that a lot. But I agree with you if you can figure out for that individual in front of you what their story is, and really that's the practice you run and you work with women is this personalized approach.

Can we shift gears to sexual health? Because I think if there's something that's not done well by physicians, particularly men physicians, it's addressing sexual health for women. And we have a lot of men on testosterone and on Viagra and the partner's forgotten. So help our viewers really start transitioning to looking at addressing and asking for health for their own sexual health.

Dr. Anna Cabeca: It's a good thing to discuss because oxytocin and the hormone of love, bond, and connection, and orgasm is heart healthy. It is anti-aging. There are oxytocin receptors in the heart. And if we can do anything our lives improve our heart health that is increase oxytocin. That is number one on my checklist. How can have fun? How can I play? How can I laugh? How can I manage my stress so that I can enjoy this day no matter what life is facing me with? So I think let's elevate our oxytocin, number one.

And secondly, it's also true to realize, and you've heard me lecture on sexual health. And I always lecture for our age management colleagues or anti-aging colleagues when we are prescribing testosterone to a male we need to be treating the female as well.

Dr. Mark Menolascino: Yes.

Dr. Anna Cabeca: And also to be aware and counsel our patient that

testosterone is mind altering. Physiology drives behavior. True in women too. We go from a very low testosterone to a very high testosterone we have thrill seeking behavior. We got thrill seeking behavior. So there's that tendency to look outside of our relationships.

And I also remember counseling a couple in sexual health and hormone balance. And I prescribed the spouse and prescribed him some testosterone injectable. And I said we'll follow-up in four to six weeks. Well let me know how you're doing and if you feel like you're thinking differently, in any way that's out of character, let me know. And he called me up three weeks later and he said, "You know Dr. Anna, I'm thinking thoughts of someone else that I shouldn't be thinking. And I don't want to be thinking."

And I said, "Well let's run your labs. Let's take a testosterone holiday for the next three days." And it turns out he was actually miss dosing his testosterone injections. So we were able to see that his testosterone was up over 1000 and not my optimal range, which is 600 to 800 that I like to see for optimal function and life. So it was beautiful that he caught that. But one of my criticisms on our anti-aging colleagues is the high rate of divorces in the practices.

Dr. Mark Menolascino: Wow!

Dr. Anna Cabeca: And that's not what we're after.

Dr. Mark Menolascino: No.

Dr. Anna Cabeca: And so we want that balance. We want to restore relations or rekindle that, and we can't do it if we're only treating one member of the couple. So for women's health we know vaginal issues, loss of pleasure, decreased sensation, irritation after sex, burning, discharge, urinary infections, odors, all those things are such negative feedback that we don't even realize it's causing us not to want to initiate sex, let alone be receptive to sex at all.

And so I always tell clients well I mean seriously if you were a baseball player and you go up to bat, and every time you go up to bat you're going to get hit by the ball I mean seriously would you want to play baseball? No, right.

Dr. Mark Menolascino: What a great analogy.

Dr. Anna Cabeca: Never. Never. I'd be out after the first game. Hell I'm not going back there.

Dr. Mark Menolascino: The first time I heard you lecture, this was a little while ago I think when you were still 35 about 4 years ago.

Dr. Anna Cabeca: Right.

Dr. Mark Menolascino: You had talked about this. And I went back to my clinic and I had a man who we had optimized his testosterone. And he was very happy. He told me how great things are. But he came back in with his wife for the follow-up. And while he was in the bathroom she said to me, "I am miserable. I had a surgical hysterectomy, I have no estrogen, my vaginal mucosa is super dry, and it of course is painful, but I do it to please him."

And so that really based on you talking to me and me with that experience a couple of days later, I always now treat them together. I ask them to bring their spouse in, bring their partner in. It's got to be a two-way street. We can't support the man's sexual health and ignore the women's. I think that happens a lot.

Dr. Anna Cabeca: It happens a lot. And women are just powering through it. I'm doing my duty. I want him to be happy. I want him to have pleasure. Well I always tell clients his pleasure is your pleasure. If you're not having pleasure, he's not going to have pleasure, so you've got to do it for you. And so that's one of the reasons why I created Julva, my anti-aging cream for the vulva, that's just been rejuvenating to keep our tissue elastic.

And you can just read the reviews. It's just amazing how that's affected women's lives and changed lives in a way that's all natural, no synthetic, no GMO, no parabens. So that's, that's been a key thing because after I retired my practice in 2015 and I wanted to continue to help women in this space, especially since I educate online. And it's been a beautiful solution.

The other thing I do is train doctors for these vaginal hormone prescriptions because it's easy. It's easy and so helpful. And not only are we even talking sexual health, but urinary incontinence, prolapse, pressure, pelvic discomfort; all those things that can be improved by keeping that tissue as healthy as possible. So bravo for you doing that.

Dr. Mark Menolascino: I think a lot of physicians and women don't realize that that vaginal bolt has to stay moist and healthy. And that mucosal lining

be plump and healthy to prevent also urinary incontinence issues to keep the bladder healthy urinary. And again it's really the whole body. I love how you talk about connection, Anna, and really the partners connecting together. And that helps with the oxytocin and it's all helping with lifestyle.

What are some of the pearls that you would share with our viewers about helping them connect with themselves, their friends, their partners, their family. Do you have some good connection pearls for them?

Dr. Anna Cabeca: Oh my gosh. I think one thing is as women we tend to be hard on ourselves. So the first thing is get that nasty witch off your shoulders. I want to say like that little evil woman there who's just nagging and talking negatively at you, you got to knock her off. And then fight back with being your own best coach, your own positive coach.

And I give an example, Mark, about my tennis coach. And I would go and I'm determined to one day be a good tennis player. And out of the 99 things I'm doing wrong he finds the one thing I'm doing right and will focus on that. The one thing. And that's for us too. Hopefully, we have hundreds of thousands of things that we love about ourselves, but sometimes it's just starting with that one thing. Like, oh my gosh, I love my smile, I love my hair, love my family.

What is it that we can love and take ownership of that's from our creation? And focus on that too because connecting to ourselves, to our feminine and that self-love, from there we can overflow in a beautiful way given to our families, our kids, and they'll extend that beyond us. So it starts here with the holy spirit within us teaming up and creating this overflow of love and joy. And it's a practice and a discipline; at least for me.

Dr. Mark Menolascino: Isn't that why women live longer is because they're more resourceful beings than men are? There's something about that connection.

Dr. Anna Cabeca: Oxytocin.

Dr. Mark Menolascino: It's got to be a big part of this for sure. Our mutual friend, Mark Heyman, spoke at the International Congress two years ago now about the carrot and the stick. That evolutionarily we're wired that we will lay in bed and not praise ourselves for the 10 great things we did that day but ruminate on the one thing we did wrong because we're hard wired as cavemen and cavewomen. Because we'll find another carrot tomorrow so we don't

praise ourselves for the good things we did. But if we get hit by the stick today there's no tomorrow.

So we focus on the negative that happened to us not the positive. And I think a lot of us do that. And I do think that there's more pressure on women than ever before to be successful, to be a supermom, to be as good as they can be. The average woman leaves the house with 120 toxic chemicals placed on her body. Our environments being harder for women or society's harder for women.

We talk about toxicity and hormone health and toxicity and heart health. Do you have ways to assess that in your clients and also ways to have them to avoid it; reading labels? Your products are excellent. Do you really focus on that in your product line?

Dr. Anna Cabeca: Yes.

Dr. Mark Menolascino: What are some good thoughts you'd share with that?

Dr. Anna Cabeca: Oh my gosh, definitely detoxing on a regular basis. But before I go there, Mark, I just want to touch back on what you said because you said women are harder on ourselves than ever before. And I just think the media imagery; like we see these great looking grey foxes, silver-haired foxes, and with a woman 30 years younger. I'm like okay where's the rest of us in this picture over 50. I'm 52 with a 10-year-old. And so you're faced with those media imagery. Unless there's a whiteout. Unless we're being sold something.

Dr. Mark Menolascino: No interesting.

Dr. Anna Cabeca: So it's really interesting. So I guess in my work and Magic Menopause community and my community of women is to race us all out together. Because the women have that have created such social change over the millennia are women past childbearing years. So I want to encourage like we have many purposes in our lives. It's a continual redefining. So to encourage all women to shut out the imagery and then really connect into to your source.

And I think that's the first thing to clear the first mental toxicity that were being ridden off. That's cleared out in all toxicity. And then from the environmental perspective it is really like I would say with products, if you can eat them you can put them on your body. But then again we want to just look at clean products. So paraben free products are really important. And I always

say to my clients, you got a favorite product look at EWG.org/skindeep and look at the rating for that product and choose the safest ingredients.

A funny story. My daughter who is now 10. Gosh she'd die if I told this story.

Dr. Mark Menolascino: I would tell her.

Dr. Anna Cabeca: Don't tout anyone else. So she came to me and then she's a young 10, she's like the smallest in your class, it's petite, it's this really young 10. And she's like mom, I want deodorant. Why don't want deodorant?

Because the girls in her class now in 5th grade they're wearing deodorant and all this other stuff. And I'm like deodorant let me smell your underarms. No you smell sweet. You don't need deodorant. And she's like mom, I just want deodorant, but not with aluminum mom. At least she's listening to something. So I was really excited about that. So I'm like okay here's my drawer of deodorants. Here's one that works, but they're all natural.

Dr. Mark Menolascino: So what is the problem with aluminum? Because I just switched about a year ago to a natural one.

Dr. Anna Cabeca: Well, good. Good. I mean I think we know that aluminum is present in breast cancer. And so it's one of those hormone disrupters that toxins her body; heavy metal toxins. So we have to be consensus cutting out the aluminum. And I think that that does help. And apparently our kids are finding out about that too. So that's really good.

Dr. Mark Menolascino: So we started our discussion talking about heart symptoms and menopause. And one of the things I see in men and women is they get this fatigue that is kind of unexplained. And it gets chased down as a depression issue or some other psych social issue when it may be a hormonal issue or a cardiac issue.

One of the scariest things with heart disease is that it starts to slow you down as your heart starts to lose its optimal function. How do you assess women in the menopause time and really be sure that you're kind of covering all the basis with the hormone, with the heart, with the brain, with the vaginal health? How do you tie all that together for people, Anna?

Dr. Anna Cabeca: Yes. I think that's taking a holistic approach. I think the first thing that I always do is have them do my hormone toxicity questionnaire. You know I want just that assessment. Let's see where you are. And don't even worry about where you're starting or what that number means.

Let's just interact from our head to toe approach to get that number down to zero. Let's just start improving that number.

And we know that we can reverse heart disease by taking a functional approach. We know that hormone balance helps improve our cardiac output. We know that the more we exercise we're going to improve our cardiac function. But we've got to do all these pieces together. So I think for me it's always this head-to-toe approach. I have a 7-step assessment this head-to-toe approach. And really a big part of that is regular detoxification because even the best intended of us are exposed to a significant amount of toxins.

So daily detoxification in my practice we do it with modified elimination diet by extra supplement support. So my Mighty Maca Plus Supplementation. And maybe we need additional Phase 2 Detoxification Support that can really help. And I think regular detoxification is one of the ways that it's like a tune-up; like where you'd call it an oil change. Just that regular maintenance.

Dr. Mark Menolascino: Well you know I don't know if a lot of our viewers know but you travel the world working with indigenous healers and looking at other cultures and other medication programs. And you really came back with some pearls. And you've taught me about Maca. And I still think you have the best Maca product on the planet.

Dr. Anna Cabeca: I do.

Dr. Mark Menolascino: Can you tell our viewers about Maca. What's magic about it and what do you have to watch out for because there's bad Maca out there too. And how do you see it as integral to overall women's health?

Dr. Anna Cabeca: I've used it now for almost 10 years. We're coming on our 10th year anniversary of Mighty Maca. And I've learned about Maca in my journeys like you said around the world and one of the first stops was in Peru. So in traversing to Machu Picchu and the Highlands of Peru found whenever you would say, "I'm tired," we'll just say, "Well, have some Maca." Or you're infertile, "Have some Maca." Your baby's not thriving? Have some Maca. And then I elbowed my husband and said, oh it's the Peruvian Viagra. Got to love that. And of course as a scientist, well, what makes it wonderful?

Dr. Mark Menolascino: You got to listen up.

Dr. Anna Cabeca: Yes. Like what makes this wonderful. And Maca itself is like cruciferous vegetables, so gosh we love that for the breast. So right away

we think of that. It's in the cruciferous family. It's really like a really ugly root but it also has [maca-ines], specific proteins that aren't found in anything else. And only found in these high lane regions. So Chinese Maca is not the same.

Dr. Mark Menolascino: That's an important comment. It's not just the Maca but the kind of Maca, where it's grown, who makes it and how clean it is. That's a great point.

Dr. Anna Cabeca: Yes. And it also has high levels of arginine. Well arginine increases matrix [ph] and so that's how Viagra works. So my gosh if that can substantiate some of its claims. But I hated taking it. It just tasted terrible to me. And so like my chefish background I wanted to make things taste wonderful. It's kind of like the Mary Poppins in me. So just make it taste better just started incorporating other healing food from around the world.

And that's where the combination in my practice I would say that it works better than any single ingredient by itself. And that synergy of the world's superfoods that I put together in Mighty Maca Class, which is my formulation, that's made a difference. And I've seen our estrogen detoxification, seen estrogen in toxification numbers improve, seen it for blood sugar, decreasing cravings, all those good things; and hot flashes killing those hot flashes.

So you can see that the combination it works that way. And I use only organic Maca from Peru and I think that's really an important part too. And then we want to keep it sustainable I think in everything. Because Maca is a limited resource we want to be conservative in how we're using it. And if we can create some synergy around it that's even better.

Dr. Mark Menolascino: Well you this concept of sustainable sourcing of products. And what I love about you, Anna, is you're a scientist, Emory graduate, triple-board certified. But you saw something in the ancient culture and you listened. You heard this being used so many places. And I love one ancient wisdom gets brought into modern culture the right way in an organic, sustainably sourced, from the right place, with right intention, used in the right way for the right people. It's a great story but it's successful. And I really encourage everybody to take a look at that. Are there other super products or super supplements that are really exciting that you're working on now?

Dr. Anna Cabeca: I am. I have my Mighty Maca Plus and I have Julva. And I'm excited about both of those. Those have just been amazing. But I'm also making a clear green smoothie with zero gram sugar and my fruit sweetening. So

I've been working on tweaking that for the last year. So that's going to come out and excited about that too. And just really excited about my book coming out.

Dr. Mark Menolascino: Well tell us about your book.

Dr. Anna Cabeca: So my book is called *The Hormone Fix: Burn Fat Naturally, Sleep Better, Stop Hot Flashes the Keto Green Way*. So it includes a food plan. And it's just not about what we eat. I would say diet is 20% of our whole picture, but the keto green lifestyle that I've incorporated into my programs can really make a difference. And I would say menopausal population is one of our most challenging health populations. This is where things are starting to go bad fast if we don't turn, if we don't make that turn, if we don't intervene in the right way. And so that's been my passion and that's what I've written about in this book in just predominately natural ways to solve that and to improve our health.

Dr. Mark Menolascino: One thing I remember you telling me about are some of those small groups of women that you work with where you bring women together and you help kind of guide them on a journey together. That must be so fun and rewarding to work with a group of women and seeing them connect.

Dr. Anna Cabeca: I love that. I think they're absolutely at 100% therapy in community. And we can do it locally and we can do it now virtually. And like how we're connecting right here you in Wyoming, me in Southeast Georgia and encouraging these relationships really does improve our overall health and wellbeing and a since that we're not alone is just so important.

Dr. Mark Menolascino: And if there was one tool or pearl that you would love the women viewing today to take away from our talk what would that be?

Dr. Anna Cabeca: I would say just very simply is not to give up on yourselves. See yourself 10, 20, 30 years from now in that ideal state in a loving relationship with your family, friends, community around you that you've contributed to part of their life, they've been part of yours. And everyone's thriving. You are healthy and optimal and just radiating health. See that vision of yourself and just keep following it. Keep following the next right step one at a time to get there.

Dr. Mark Menolascino: And, Anna, can you follow you on DrAnna.com and connect with you on Facebook, Twitter and Instagram. How do they find you there?

Dr. Anna Cabeca: Yes. So just find me at DrAnna.com.

Dr. Mark Menolascino: Fantastic. Dr. Anna Cabeca, thank you so much for joining us today.

Dr. Anna Cabeca: Thank you for having me.